

**Oxford Community Schools**  
 10 N. Washington Street  
 Oxford, MI 48371  
 Phone: 248-969-5029 / 248-969-5090 Fax: 248-969-5013

**SECTION 1: Criminal History Record Check**

**Applicant Information:** Type or clearly print to complete all fields.

First Name	Middle Initial	Last Name
Date of Birth	Race	Gender
Maiden or Previous Name(s) (if any) (1)	(2)	(3)
Position Applied For:		

**Pursuant to 1993 Public Act 68, I represent that:**

*(Note: Answering "yes" does not necessarily disqualify you for employment.)*

- I have not been convicted of or pled guilty or nolo contendere (no contest) to any crimes.
- I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date, and court):
1. \_\_\_\_\_
  2. \_\_\_\_\_

Michigan's Revised School Code requires school employees to undergo a criminal history record check. If you were fingerprinted after 01/01/2006 under the Michigan school employment reason code "SE," those results may be used only if you have remained continuously active as an employee of the educational institution that employed you at the time you were fingerprinted.

**To determine how to proceed, please answer the following questions:**

		Yes	No
1.	Have you previously been fingerprinted for school employment purposes?		
2.	Are these fingerprints results currently maintained at the school, ISD, company, or agency for which you were printed?		
3.	Have you maintained "regular and continuous" employment with no break in service with said school, ISD, company, or agency since you were printed?		

**If you answered "no" to any of the above questions,** you must be fingerprinted as a condition of employment with Oxford Community Schools. It will be necessary for you to complete the Livescan Fingerprint Request form provided to you as part of that process. Until your print results are received, you are a conditional employee of the district.

**If you answered "yes" to all of the above questions,** please complete the Fingerprint Release part of this form, below.

**SECTION 2: Fingerprint Release Form**

I authorize release of my criminal history records/fingerprint results to Oxford Community Schools from the school district, ISD, company, or agency listed below:

Name & Address of Entity: \_\_\_\_\_

Fax Number or E-Mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_